

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	8 6 01
FORMALITY REVIEW	H.L.	104	09/22/01
RESPONSE FORMALITY REVIEW	request	925	11-20-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	4 8 3
2	25 28 23
3	03 03 04
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
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10	✓ ✓ ✓
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18	✓ ✓ ✓
19	✓ ✓ ✓
20	0 0
21	✓ ✓ ✓
22	0 0 0
23	✓ ✓ ✓
24	✓ ✓ ✓
25	✓ ✓ ✓
26	0
27	✓
28	✓
29	✓
30	✓ ✓
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36	0 0
37	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

720
09/27/01
258
11/20/01